Schedule E)	PAGE 1 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	0 00000700
Check if 24-hour report 48-hour report New report Amends repo	ort filed on
Full Name of Payee ERIC TABARY	Date of Public Distribution/Dissemination
	11 23 2014
Mailing Address 6101 NORA ST	Amount
City State Zip Code	70.00
METAIRIE LA 70003	Transaction ID: 05c76158-701f-4fe5-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	11 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 303915.40	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee ERIC TABARY	Date of Public Distribution/Dissemination
ERIC TABARY	11 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6101 NORA ST	Amount
City State Zip Code	2.10
METAIRIE LA 70003	Transaction ID : 7e4e46bd-90d8-4e16-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	11 23 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 303915.40	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) CURTOTAL of Harrison Indonesian Funerality	70.40
(a) SUBTOTAL of Itemized Independent Expenditures	72.10
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent o party committee) any political party committee or its agent.	•
Ms. Emily Buchanan [Electronically Filed] Date	3 11 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
٦	Full Name of Payee	Date of Public Distribution/Dissemination
١	Warren Gravois	11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 16005 7th St	Amount
	City State Zip Code	20.00
	Pearlington MS 39572	Transaction ID : 0cf6a8fb-20af-4601-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	11 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
١	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General
١	Per Election for Office Sought	Other (specify)
	Full Name of Payee Warren Gravois	Date of Public Distribution/Dissemination
١	Mailing Address 16005 7th St	11 23 2014
١		Amount
1	City State Zip Code	1.50
١	Pearlington MS 39572	Transaction ID: 9868800e-1563-472d-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 23 / 2014
1	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	21.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not make with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 25 2014
	Signature	

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OF

Schedule E)	IN EXIEND	HONES		PAGE 3 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on/	D = D / Y = Y = Y
Full Name of Payee Laura U Logie			Date of Public	Distribution/Dissemination
Mailing Address 2565 Shire Circle			Amount	24 2014
			Amount	
City	State	Zip Code	1 7	40.00
Harrisonburg	VA	22801	l l	D: 5c4d5e2d-4f7c-45d6-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	-	303915.40	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Nicholas O Wilcox			11 /	24 2014
Mailing Address 1981 Cherokee St			Amount	
City	State	Zip Code		52.00
Baton Rouge	LA	70806		: fdb804f9-19e0-4df0-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · · · · · · · · · · · ·	303915.40	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			92.00
				7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candraty committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 25	2014
Olynatul <del>e</del>				<del></del>

Sch	nedule E)	<b>L</b> /(1 <b>L</b> )(2)	101120			PAGE 4 OF 43 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC ID	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC					C00530766
Che	ck if 🔀 24-hour report 🔲 48-hour report	New repo	ort Amends rep	port filed on	M = M /	D = D / Y = Y = Y
		<u> </u>			15.65	The state of the s
	Full Name of Payee Krista J Smith			Dat	e of Public	Distribution/Dissemination  24 2014
	Mailing Address 41176 Bertville Rd			Am	ount	
	City	State	Zip Code			20.00
	Gonzales	LA	70737			<b>D</b> : 95606519-7dec-4a27-8 rsement or Obligation
	Purpose of Expenditure Salary		Category/ Type 00°	1	11 /	24 / 2014
T	Name of Federal Candidate		Support	Office Sou	ıght:	House District:00
	Ms. Mary L Landrieu		X Oppose	Pres	sident >	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	3	303915.40	Disbursem 2014	ent For: Other (sp	Primary
	Full Name of Payee			Dat	te of Public	Distribution/Dissemination
	Krista J Smith				M M /	24 2014
	Mailing Address 41176 Bertville Rd					24 2011
Ì				Aiii	ount	
	City	State	Zip Code			1.23
	Gonzales	LA	70737			0: 3652eed6-92e7-4934-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	2	11	24 2014
- 1	Name of Federal Candidate		Support	Office Sou	ıght:	House District: 00
	Ms. Mary L Landrieu		X Oppose	Pres	sident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	303915.40	Disbursem 2014	nent For: Other (sp	Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures	<b>\$</b>		···· <b>&gt;</b>	7	21.23
(k	b) SUBTOTAL of Unitemized Independent Expenditure	ıres		··· •		
(0	c) TOTAL Independent Expenditures			>	- 4	
W	Inder penalty of perjury I certify that the independen ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed] Da	ite 11	/ 25	2014
	Signature					

Schedule E)		101120		PAGE 5 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour	ur report New repo	ort Amends repo	ort filed on	/ D D / Y H Y H Y
Full Name of Payee Noah J Smith			Date of Pu	blic Distribution/Dissemination
Mailing Address 41174 Bertville Rd			11	24 2014
41174 Bertville Rd			Amount	
City	State	Zip Code		20.00
Gonzales	LA	70737		on ID : 4cc14b66-e349-44fe-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	/ 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	3	03915.40	Disbursement For 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
Tammay Williams			M M M	24 2014
Mailing Address 924 N. Prieur St				24 2014
			Amount	
City	State	Zip Code		40.00
New Orleans	LA	70116		n ID: 789c7cfe-0204-4ecf-9 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	/ 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	303915.40	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independe	nt Expenditures		. •	60.00
(b) SUBTOTAL of Unitemized Indepen	dent Expenditures		•	7
(c) TOTAL Independent Expenditures			<b>•</b>	7 7
Under penalty of perjury I certify that with, or at the request or suggestion of party committee) any political party cor	f, any candidate or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	M M / D 2	
Signature				

NAME OF COMMITTEE (In Full)	
	FICATION NUMBER ▼
Women Speak Out PAC C cooss	30766
Check if X 24-hour report 48-hour report New report Amends report filed on	D / Y = Y = Y
Tammay Williams	
Mailing Address 924 N. Prieur St  Amount	4 2014
City. Otale. 7in Oade	0.00
City State Zip Code  New Orleans LA 70116 Transaction ID : 3d1  Date of Disbursemen	9.00 <b>1c359a-609d-4d3c-9</b> ont or Obligation
Purpose of Expenditure Category/ Category/	
Name of Federal Candidate Support Office Sought: Hou	use District: 00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: P 2014 Other (specify)	Primary X General
Antoinette Franklin	ibution/Dissemination
	2014
Amount	
City State Zip Code  New Orleans LA 70188 Transaction ID : 17c8	40.00 8ba71-cb70-4973-8
Purpose of Expenditure Salary  Category/ Type  Oo1  11  Date of Disbursemen  On4  Date of Disbursemen  11  2	
Name of Federal Candidate Support Office Sought: Hou   Ms. Mary L Landrieu Oppose President Sen	
	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures	49.00
(b) SUBTOTAL of Unitemized Independent Expenditures	42 1 42
(c) TOTAL Independent Expenditures	4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, co with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting exparty committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date 11 25	2014

Schedule E)	HI EXI END	TIONES		PAGE 7 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Antoinette Franklin			M	
Mailing Address 8822 Apple St			Amount	24 2014
City	State	Zip Code		9.00
New Orleans	LA	70188		tion ID: c79e59b4-cafc-4217-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	;	303915.40	Disbursement F 2014 Othe	or:
Full Name of Payee			Date of	Public Distribution/Dissemination
Heather A Smith			M 11	
Mailing Address 995 Clairborne Rd			Amount	
City	State	Zip Code		37.00
Calhoun	LA	71225		on ID: a471bbf1-9782-4a17-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7	303915.40	Disbursement F 2014 Othe	for:
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		<b>•</b>	46.00
(b) SUBTOTAL of Unitemized Independent Expendent	ditures			
(-,				4 4 4
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		25 2014
<del>-</del>				

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V۱	Vomen Speak Out PAC	C C00530766
Ch	eck if $X$ 24-hour report 48-hour report $X$ New report Amends report filed	d on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Heather A Smith	11 24 2014
	Mailing Address 995 Clairborne Rd	Amount
	City State Zip Code	21.90
	Calhoun LA 71225	Transaction ID : 0cb82453-f81b-4efb-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type 002	11 24 2014
	Name of Federal Candidate Support Office	ee Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Dist. 2014	ursement For: Primary X General
	Per Liection for Office Sought	Other (specify) ▶
	Full Name of Payee Hannah J Landry	Date of Public Distribution/Dissemination
	Mailing Address 1110 N Coolidge	11 24 2014 Amount
	City. Chate 7in Code	05.00
	City State Zip Code  Gonzales LA 70737	95.00 Transaction ID : 9a10da14-8473-46ec-8
	Purpose of Expenditure Salary  Category/ Type 001	Date of Disbursement or Obligation
	Name of Federal Candidate Support Office	ce Sought: House District: 00
		President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Dist 201	oursement For: Primary General  Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	116.90
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	· · · · · · · · · · · · · · · · · · ·	11 25 2014
	Signature	

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OF

Schedule E)		TOTILO		PAGE 9 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Hannah J Landry			M = M	
Mailing Address 1110 N Coolidge			Amount	24 2014
City	State	Zip Code		24.00
Gonzales	LA	70737		on ID : cdca09dc-7b4c-4925-8 isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	3	03915.40	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Mary C Lee			11	24 2014
Mailing Address 1030 N Coolidge Ave			Amount	
City	State	Zip Code		95.00
Gonzales	LA	70737		n ID : 1a7fe480-2b08-4257-9 isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	303915.40	Disbursement Fo 2014 Other	or:
(a) SUBTOTAL of Itemized Independent Expenditure	s		<b>.</b>	119.00
(b) SUBTOTAL of Unitemized Independent Expendit	ures			
(c) TOTAL Independent Expenditures			•	4 4 4
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		25 / 2014

Schedule E)	NI EXI END	ITOTILO		PAGE 10 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Mary C Lee			M 11 /	24 / 2014
Mailing Address 1030 N Coolidge Ave			Amount	
City	State	Zip Code		24.00
Gonzales	LA	70737		D: b5d49896-f705-4e30-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	;	303915.40	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	c Distribution/Dissemination
Lilly Green			M - M /	24 2014
Mailing Address 205 Medallion Circle			Amount	24 2014
City	State	Zip Code		80.00
Shreveport	LA	71119		D: a95d4236-398f-4edd-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M - M	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	303915.40	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			104.00
			7	1 1 4 1 1 4
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		<b>•</b>	7
(c) TOTAL Independent Expenditures			•	7 1 2
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 25	2014
- 3				

Schedule E)	II EXI END	TOTILO		PAGE 11 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Lilly Green			M M /	24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amount	
City	State	Zip Code		69.60
Shreveport	LA	71119		D: 91fe457f-eb26-455f-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President >	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	3	303915.40	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Jennifer F Gilbert			M = M /	24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 180 McNeil Steep Hollow Rd			Amount	24 2514
City	State	7in Code		80.00
City Carriere	MS	Zip Code 39426		: db12967c-6f71-4f57-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	303915.40	Disbursement For: 2014 Other (spe	Primary X General ecify) ►
(a) SUBTOTAL of Itemized Independent Expenditur	es		•	149.60
			7	7 4
(b) SUBTOTAL of Unitemized Independent Expendi	tures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	1 4 1 4 1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 25	2014
3				

Schedule E)	INT EXICIND	ITOTILO	F	PAGE 12 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee  Jennifer F Gilbert			M - M /	Distribution/Dissemination
Mailing Address 180 McNeil Steep Hollow Rd			Amount	24 2014
City	State	Zip Code		43.80
Carriere	MS	39426		D: 6f9a22eb-b49b-4583-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	, , ,	303915.40	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Eva M Johnston			11 /	24 / 2014
Mailing Address 2517 N 47th St			Amount	
City	State	Zip Code		10.00
Milwaukee	WI	53210		: 6d221395-3ca3-462f-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		303915.40	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expendent	tures		<b>•</b>	53.80
(b) SUBTOTAL of Unitemized Independent Expe	nditures			
			7	7
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the indeperment, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 25	2014
o.g.iataro				

Schedule E)	ENDENT EXTEND	TOTILO	<u> </u>	PAGE 13 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour	report New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Christopher Marquess			M - M /	Distribution/Dissemination
Mailing Address 110 W Pecan St			Amount	24 2014
City	State	Zin Codo		45.00
Ville Platte	LA	Zip Code 70586	I	0: b35f8234-cd67-4acb-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	3	03915.40	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Christopher Marquess			M = M /	Distribution/Dissemination
Mailing Address 110 W Pecan St			Amount	24 2014
City	State	Zip Code		32.70
Ville Platte	LA	70586		: 70f463cf-2f35-426a-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		303915.40	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent	Expenditures		<b>•</b>	77.70
(b) SUBTOTAL of Unitemized Independe	nt Expenditures		<b>•</b>	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized			
Ms. Emily Buchanan Signature	[Electroni	ically Filed] Date	11 25	2014

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Felicia A Jones	11 24 2014
Mailing Address 4106 Martha St Ame	nount
City State Zip Code	80.00
Shreveport LA 71109 Tra	Insaction ID : 54b6ed7d-f605-45a4-8 te of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	11 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms. Mary L Landrieu	sident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	
Full Name of Payee Dat	Other (specify) ►te of Public Distribution/Dissemination
Felicia A Jones	M - M / D - D / Y - Y - Y
Mailing Address 4106 Martha St	11 24 2014 nount
City State Zip Code	9.30
	nsaction ID: 97fe0322-9abb-4dc4-9 te of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	M 1
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms. Mary L Landrieu Pres	sident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	89.30
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	/ D D / Y Y Y Y Y 25 2014
Signature	

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OF

Schedule E)	INI EXI END	TOTIES		PAGE 15 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Bobbie M Steinsholt			M = M	blic Distribution/Dissemination
Mailing Address 3009 Skelly St			Amount	24 2014
City	State	Zip Code		60.00
Shreveport	LA	71107		n ID : 0c5fecc0-dc20-487d-b
Purpose of Expenditure Salary		Category/ Type 001	M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	3	803915.40	Disbursement For: 2014 Other (	: Primary X General
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Maegan E McDaniel			11	24 / 2014
Mailing Address 3009 Skelly St			Amount	
City	State	Zip Code		60.00
Shreveport	LA	71107		n ID: 653f8545-3b47-4aad-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 M	/ 24 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		303915.40	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expendi	tures			120.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures			
				7 7 7
(c) TOTAL Independent Expenditures			<b>•</b>	7 1 7 1 7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any cand party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 25	
5.g. (a.a.)				

Schedule E)	IVI EXI END	TOTIES		PAGE 16 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Maegan E McDaniel			M = M /	Distribution/Dissemination
Mailing Address 3009 Skelly St			Amount	24 2014
City	State	Zip Code		22.50
Shreveport	LA	71107		D: d6269d1b-553f-4799-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	
Calendar Year-To-Date Per Election for Office Sought	, , ,	303915.40	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Francis Richardson			M M /	24 / 2014
Mailing Address 220 Doucet Rd			Amount	
City	State	Zip Code		35.00
Lafayette	LA	70503		: 629dada0-c197-497b-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	303915.40	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			57.50
(b) SUBTOTAL of Unitemized Independent Expen	ditures			
(c) con a comment masper as in Experi			7	4
(c) TOTAL Independent Expenditures			<b>)</b>	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 25	2014
g.i.a.a.i.o				

Schedule E)	011. 01. 11.22. 21.22				PAGE 17 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTE					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
Check if X 24-hour r	eport 48-hour report	New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name of Payer Francis Rich	ardson				of Public Distribution/Dissemination
Mailing Address 22	20 Doucet Rd			Amou	nt
City		State	Zip Code	— I.	3.03
Lafayette		LA	70503		action ID: 9621570b-64dc-44d0-b of Disbursement or Obligation
Purpose of Expend Mileage	iture		Category/ Type 002		11 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal C	andidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrie	u		X Oppose	Preside	
Calendar Year Per Election fo	To-Date or Office Sought	, ,	303915.40	Disbursemen 2014 O	t For: Primary X General
Full Name of Payer Christopher L					of Public Distribution/Dissemination
Mailing Address	55 Lovell Johnson Rd			Amou	11 24 2014 ant
City		State	Zip Code	— r	80.00
Picayune		MS	39466		action ID: 0bd087d2-9f55-4461-a of Disbursement or Obligation
Purpose of Expend Salary	liture		Category/ Type 001		11 24 2014
Name of Federal C	Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrie	eu		Oppose	Presid	
Calendar Year Per Election fo	-To-Date or Office Sought		303915.40	Disbursemer 2014	nt For:  Primary
(a) SUBTOTAL of It	emized Independent Expendi	tures			83.03
(b) SUBTOTAL of U	Initemized Independent Exper	nditures			7 7 7 7
					72 72 72
(c) TOTAL Independ	dent Expenditures			·· •	7
with, or at the reque		didate or authorized			cooperation, consultation, or concert the reporting entity is not a political
	ily Buchanan	[Electron	ically Filed] Date	e 11	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			_		

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-ho	our report New repo	ort Amends repo	t filed on	/
Full Name of Payee			Date	of Public Distribution/Dissemination
Christopher L Gilbert				11 24 2014
Mailing Address 55 Lovell Johnson R	d		Amou	unt
City	State	Zip Code	$-\Gamma$	45.90
Picayune	MS	39466		saction ID: b3793af6-9793-45ca-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 24 2014
Name of Federal Candidate		Support	Office Sough	nt: House District:00
Ms. Mary L Landrieu		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	3	03915.40	Disbursemen 2014	nt For:
Full Name of Payee				of Public Distribution/Dissemination
Jessica R Resendiz				11 24 2014
Mailing Address 9685 Paula St			Amou	
City	State	Zip Code	— IT.	70.00
Keithville	LA	71047		action ID: 7b6585f2-1c72-40f0-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 24 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Mary L Landrieu		X Oppose	Presid	lent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	303915.40	Disbursement 2014	nt For: Primary ⊠ General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent	ent Expenditures		<b>.</b>	115.90
(b) SUBTOTAL of Unitemized Independent	ndent Expenditures		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that with, or at the request or suggestion of party committee) any political party co	of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M = M /	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

PAGE

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OF

Scł	hedule E)	DITOIL	,		-	PAGE 19 OF 43 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					ENTIFICATION NUMBER ▼
W	omen Speak Out PAC					000530766
Che	eck if X 24-hour report 48-hour report X New r	report	Amends repo	ort filed on	M = M /	D = D / Y = Y = Y
$\overline{}$	Full Name of Payee				to of Public	Distribution/Dissemination
	Jessica R Resendiz			Da	TE OF PUBLIC	Distribution/Dissemination  24 2014
	Mailing Address 9685 Paula St			Am	nount	
-	City State	Zip Code	<del></del>			24.60
	Keithville LA	71047				D: cac6b581-a0b4-4eba-a sement or Obligation
	Purpose of Expenditure Mileage	Categor Typ			11 /	24 / 2014
	Name of Federal Candidate		Support	Office Soi	ught:	House District:00
	Ms. Mary L Landrieu	<u> </u>	Oppose		sident X	
	Calendar Year-To-Date Per Election for Office Sought	303915.40		Disbursen 2014	nent For:  Other (spe	Primary ☐ General ecify) ►
Γ	Full Name of Payee			Da	ate of Public	Distribution/Dissemination
	Alice K Salazar				M M /	24 / 2014
-	Mailing Address 605 W Houston St				11	24 2014
Ì	000 11 11000000 01			An	nount	
ľ	City State	Zip Code	 э			40.00
	Marshall TX	75633		<b>Tra</b>	nsaction ID te of Disbu	: 4265716e-01e8-40d6-9 rsement or Obligation
	Purpose of Expenditure Salary	Categor Tyr		$\Box$	11 /	24 / 2014
	Name of Federal Candidate		Support	Office So	ught:	House District: 00
	Ms. Mary L Landrieu	×	Oppose	Pre	sident	
	Calendar Year-To-Date Per Election for Office Sought	30391	5.40	Disburser 2014	nent For:  Other (spe	Primary
(8	a) SUBTOTAL of Itemized Independent Expenditures			▶	7	64.60
(i	b) SUBTOTAL of Unitemized Independent Expenditures			··· <b>•</b>		
(0	c) TOTAL Independent Expenditures			•	- 4	
W	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Electr	tronically Filed	d] Date	te 11	/ 25	/ Y Y Y Y Y Y 2014
	Signature					

Schedule E)	/LIVI L/II LII.			PAGE 20 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Alice K Salazar			M	
Mailing Address 605 W Houston St			Amount	1 24 2014
City	State	Zip Code		53.70
Marshall	TX	75633		ction ID : 31b817fc-76dd-45ad-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	11 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	3	803915.40	Disbursement 2014 Oth	For:
Full Name of Payee Taylor De Julian-Hernandez			M	Public Distribution/Dissemination
Mailing Address 284 Cr 1401			Amoun	
City	State	Zip Code		60.00
Carthage	TX	75633	Transac Date of	tion ID: 1db13336-1581-4c08-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		1 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	Presider	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		303915.40	Disbursement 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Exper	nditures		· []	113.70
(b) SUBTOTAL of Unitemized Independent Exp	oenditures			7
(c) TOTAL Independent Expenditures			<b>•</b>	7 7 7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee of	indidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	e 11 /	25 2014
Signature				

Schedule E)	INT EXI END	TOTILO		PAGE 21 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee			Date of	f Public Distribution/Dissemination
Gregory Green				11 24 2014
Mailing Address 2506 Bolch Street			Amoun	t
City	State	Zip Code		80.00
Shreveport	LA	71104		ction ID : ea5ad6fa-7b70-483e-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	3	303915.40	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
Gregory Green				11 24 2014
Mailing Address 2506 Bolch Street			Amoun	ıt
City	State	Zip Code		53.40
Shreveport	LA	71104		ction ID: 25a0cf31-4cc4-4dc6-9 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 24 7 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	303915.40	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			133.40
			, <u> </u>	7 7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	7 7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<del>-</del>				

Schedule E)	II EXI END			PAGE 22 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Hilary Townsend			M = M	c Distribution/Dissemination
Mailing Address 4506 US Hwy 79 North			Amount	24 2014
City	State	Zip Code		60.00
Deberry	TX	75639		ID: 2e0b3979-826e-4255-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	303915.40	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Ana L Esquivel			M M M M 11	/ D D / Y Y Y Y Y Y 2014
Mailing Address 284 Cr 1401			Amount	
City	State	Zip Code		60.00
Carthage	TX	75633		D: 2b14f8cd-f845-4fc6-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 11	24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	303915.40	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		<b>&gt;</b>	120.00
(b) SUBTOTAL of Unitemized Independent Expendent	itures		•	
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 25	2014

Schedule E)	IN EXIEND	THORIES		PAGE 23 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Lesley Lennox			11	24 2014
Mailing Address 2305 Cleary Ave			Amount	
City	State	Zip Code		10.00
Metairie	LA	70001		n ID: bcfbb1a2-3691-440f-a bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · · · · · · · · · · · ·	303915.40	Disbursement For: 2014 Other (	Primary X General Specify) ▶
Full Name of Payee			Date of Pul	blic Distribution/Dissemination
Lesley Lennox			11	24 2014
Mailing Address 2305 Cleary Ave			Amount	
City	State	Zip Code		0.90
Metairie	LA	70001		ID: 7cef0a9f-0127-40d9-b sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	<sup>1</sup> 24 <sup>2</sup> 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	303915.40	Disbursement For: 2014 Other (	Primary X General Specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures			10.90
,,				7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •	7
(c) TOTAL Independent Expenditures			· •	p   1 /p   1 /m
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any cancer party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 25	

Schedule E)	I EXI END	II OILO		PAGE 24 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M
Full Name of Payee Joneisha Stewart				of Public Distribution/Dissemination
Mailing Address 2329 Runnymede Dr			Amou	11 24 2014 Int
City	State	Zip Code		60.00
Marrero	LA	70072		saction ID : 0bb33f23-8811-4219-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 24 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	303915.40	Disbursemen 2014 C	nt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Joneisha Stewart				M = M / D = D / Y = Y = Y
Mailing Address 2329 Runnymede Dr			Amou	11 24 2014 unt
City	State	Zip Code	ــــــال	7.50
Marrero	LA	70072		action ID: 4c90f00a-6b51-4063-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 24 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu		Oppose	Presid	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	303915.40	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditure	)s		•	67.50
(b) SUBTOTAL of Unitemized Independent Expendit	ures		·· •	171171171
(c) TOTAL Independent Expenditures				7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 11 /	25 2014
Signature				

Schedule	E)				PAGE 25 OF 43 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if X	24-hour report 48-hour report	X New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	ne of Payee Perry	<u>'</u>		M	f Public Distribution/Dissemination
Mailing A	Address 2046 Perrin St Apt C			Amour	11 24 2014
City		State	Zip Code		100.00
Shreve	port	LA	71101		action ID : ee32281d-8bef-481d-9  f Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001	М	11 24 2014
Name o	f Federal Candidate		Support	Office Sought	: House District: 00
Ms. Ma	ry L Landrieu		X Oppose	Preside	nt Senate State: LA
	endar Year-To-Date  Election for Office Sought	3	303915.40	Disbursement 2014 Ot	For: Primary X General
	ne of Payee Perry				of Public Distribution/Dissemination
Mailing	Address 2046 Perrin St Apt C			Amour	11 24 2014 nt
City		State	Zip Code		13.50
Shreve		LA	71101		ction ID : 25625908-c0d2-4249-8 of Disbursement or Obligation
Purpose Mileage	e of Expenditure e		Category/ Type 002		11 24 2014
Name o	f Federal Candidate		Support	Office Sough	t: House District:00
Ms. Ma	ry L Landrieu		X Oppose	Preside	
	lendar Year-To-Date r Election for Office Sought	7 7	303915.40	Disbursement 2014 Ot	t For:  Primary
(a) SUB	FOTAL of Itemized Independent Expenditu	ıres			113.50
(b) SUB	<b>FOTAL</b> of Unitemized Independent Expendent	ditures		•	
(c) TOTA	L Independent Expenditures			· .	
with, or a	nalty of perjury I certify that the indepen- t the request or suggestion of, any candi- nmittee) any political party committee or it	date or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / /	25 2014
Signat	ture				

Schedule E)	INI EXI END	ITOTILO		PAGE 26 OF 43 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼	
Women Speak Out PAC	C C00530766				
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y	
Full Name of Payee			Date of Public	Distribution/Dissemination	
Zachary Vidrine			11	24 2014	
Mailing Address 202 Rue Des Cajun			Amount		
City	State	Zip Code		60.00	
Ville Platte	LA	70586		D: b4b08cf6-1915-4627-a rsement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	11 11 /	24 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Mary L Landrieu		X Oppose		Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought	, , ,	303915.40	Disbursement For: 2014 Other (sp	Primary	
Full Name of Payee			Date of Public	Distribution/Dissemination	
Zachary Vidrine			M = M /	24 2014	
Mailing Address 202 Rue Des Cajun			Amount		
City	State	Zip Code		19.20	
Ville Platte	LA	70586		D: f3086575-46ed-491d-a ursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	11	24 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District:00	
Ms. Mary L Landrieu		Oppose	President	Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		303915.40	Disbursement For: 2014 Other (sp	Primary	
(a) SUBTOTAL of Itemized Independent Expendi	tures		•	79.20	
				7	
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>•</b>	7	
(c) TOTAL Independent Expenditures			<b>•</b>		
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized				
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 25	2014	

Schedule E)	IN EXILIND	ITOTILO		PAGE 27 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Heather Ainsworth			Date of Pu	blic Distribution/Dissemination
Mailing Address 9685 Paula St			Amount	24 2014
City	State	Zip Code		80.00
Keithville	LA	71047		n ID : 6ec9e728-4732-4eb3-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	803915.40	Disbursement For 2014 Other	: Primary X General
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Heather Ainsworth			11 11 m	24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		54.30
Keithville	LA	71047		D: 8b4aa129-519e-48ff-8 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 M	/ 24 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	303915.40	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expendi	tures			134.30
(b) SUBTOTAL of Unitemized Independent Exper	nditures			
				7   7   7
(c) TOTAL Independent Expenditures			<b>•</b>	7 7 7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 25	
Signature				

Schedule E)	INI EXI END	TONES		PAGE 28 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of F	Public Distribution/Dissemination
Elvis Spears			M 11	24 / 2014
Mailing Address 2150 Hope St			Amount	
City	State	Zip Code		80.00
New Orleans	LA	70119		ion ID : 0e78af70-f267-4b71-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	3	803915.40	Disbursement For 2014 Other	or: Primary X General r (specify) ▶
Full Name of Payee			Date of F	Public Distribution/Dissemination
Elvis Spears			M 11	
Mailing Address 2150 Hope St			Amount	
City	State	Zip Code		15.60
New Orleans	LA	70119		on ID : 9e127a43-5822-4ef6-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	303915.40	Disbursement For 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expendit	ures			95.60
			,	7 7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· •	7 1 1 7 1 7
(c) TOTAL Independent Expenditures			·	7 1 7 1 7 1
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	INT EXI END	TTOTILO		PAGE 29 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Cynthia N Schmit			Date of Public	Distribution/Dissemination
Mailing Address 2226 Taft Circle Apt 1			Amount	24 2014
City Winchester	State VA	Zip Code 22601		12.50 D : 62555975-fbee-41a6-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbur	rsement or Obligation
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	303915.40	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	: Distribution/Dissemination
Elvis Spears			11 /	24 / 2014
Mailing Address 2150 Hope St			Amount	
City	State	Zip Code		80.00
New Orleans	LA	70119		: af769fbf-c735-4953-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	24 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	303915.40	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			92.50
(b) SUBTOTAL of Uniternized Independent Exper	ditures			
(2) 22 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				7 7
(c) TOTAL Independent Expenditures			•	7 1 2
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 25	2014
2.g				

FEC IDENTIFICATION NUMBER \( \text{V} \)		include Ly	FOR SE OF FORM 24/48
C C00530766  Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Elvis Spears  Mailing Address 2150 Hope St  City State Zip Code LA 70119  Name of Federal Candidate Ms. Mary L Landrieu  Calegory Oppose  Full Name of Payee Elction for Office Sought  City State Zip Code Ms. Mary L Landrieu  Calegory Oppose  Full Name of Payee ERC TABARY  Mailing Address 6101 NORA ST  City State Zip Code Ms. Mary L Landrieu  Calegory Oppose	۷۱	romen Speak Out PAC	C C00530766
Elvis Spears  Mailing Address 2150 Hope St  City State Zip Code New Orleans LA 70119  Purpose of Expenditure Mileage  Name of Federal Candidate Sought Solution of Collegation of Collegat	Che	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Mailing Address 2150 Hope St  City State Zip Code Type Oo2 Transaction ID : 78594031-03c5-4cac-9 Date of Disbursement or Obligation President Amount  Transaction ID : 78594031-03c5-4cac-9 Date of Disbursement or Obligation Office Sought: House District: Oo President Senate State: LA Calendar Year-To-Date Per Election for Office Sought In It Park Transaction ID : 78594031-03c5-4cac-9 Date of Disbursement For: Date President Senate State: LA Calendar Year-To-Date Per Election for Office Sought In It Park Transaction ID : 78594031-03c5-4cac-9 Date of Disbursement For: Disbursement For: Date President Senate State: LA Calendar Year-To-Date Per Election for Office Sought In It Park Transaction ID : 78594031-03c5-4cac-9 Date of Disbursement For: Date Purpose of Expenditure Salary Calendar Year-To-Date Sought Senate State: LA Calendar Year-To-Date Per Election for Office Sought Senate State: LA Disbursement For: Disbursemen			Date of Public Distribution/Dissemination
City State Zip Code New Orleans LA 70119 Purpose of Expenditure Mileage		•	
New Orleans  LA 70119  Transaction ID : 78694031-03c5-4cac-9 Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Purpose of Expenditure State  LA 7003  Transaction ID : 78694031-03c5-4cac-9 Date of Disbursement or Obligation  President  Senate State: LA  Disbursement For: Primary  General  Per Election for Office Sought  President  Senate State: LA  Disbursement For: Primary  General  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Amount  Transaction ID : 78694031-03c5-4cac-9 Date of Public Distribution/Dissemination  Transaction ID : 74694031-03c5-4cac-9 Date of Public Distribution/Dissemination  Transaction ID : 746940-13c1-13c1-13c1-13c1-13c1-13c1-13c1-13c		Mailing Address 2150 Hope St	Amount
New Orleans  LA 70119  Transaction ID : 78694031-03c5-4cac-9 Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Purpose of Expenditure State  LA 7003  Transaction ID : 78694031-03c5-4cac-9 Date of Disbursement or Obligation  President  Senate State: LA  Disbursement For: Primary  General  Per Election for Office Sought  President  Senate State: LA  Disbursement For: Primary  General  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Amount  Transaction ID : 78694031-03c5-4cac-9 Date of Public Distribution/Dissemination  Transaction ID : 74694031-03c5-4cac-9 Date of Public Distribution/Dissemination  Transaction ID : 746940-13c1-13c1-13c1-13c1-13c1-13c1-13c1-13c		City State Zip Code	12.30
Purpose of Expenditure Mileage  Category/ Type  Mileage  Support Mile Age  Support Mile Age  Category/ Type  Office Sought: House District: 00  Ms. Mary L Landrieu  Catendar Year-To-Date Per Election for Office Sought  Full Name of Payee ERIC TABARY  Mailing Address 6101 NORA ST  City State LA 70003  METAIRIE LA 70003  Transaction ID: fla83/40-8/90-4/27-8 Date of Disbursement or Obligation  Transaction ID: fla83/40-8/90-4/27-8 Date of Disbursement For:  Office Sought: House District: 00  Ms. Mary L Landrieu  Oppose  President Senate State: LA  Disbursement For: Primary General  Calendar Year-To-Date Per Election for Office Sought  Other (specify)   Other (specif			Transaction ID : 7869403f-03c5-4cac-9
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee ERIC TABARY  Mailing Address 6101 NORA ST  City State LA 70003  METAIRIE LA 70003  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Vision for North Year-To-Date Per Election for Vision for Nort		Mileage Category/ 002	M M / D D / Y Y Y Y
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Senate  State:  LA  Disbursement For: Primary General  2014 Other (specify)  Date of Public Distribution/Dissemination  ERIC TABARY  Mailing Address 6101 NORA ST  City State LA  To003 Tansaction ID: 11a83i40-9f9c-4f27-8 Date of Disbursement or Obligation  Tansaction ID: 11a83i40-9f9c-4f27-8 Date of Disbursement For: Disbursement For: Primary General  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date		Name of Federal Candidate Support Office	Sought: House District: 00
Per Election for Office Sought    Support		Ma Marriel Landens	
Full Name of Payee ERIC TABARY  Mailing Address 6101 NORA ST  City State Zip Code METAIRIE LA 70003  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures or agent of either, or (if the reporting entity is not a political party committee) arry political party committee or its agent.  Date of Public Distribution/Dissemination  11		Calcindal Ical Io Balc	
Mailing Address 6101 NORA ST    City			Date of Public Distribution/Dissemination
City State Zip Code  METAIRIE  LA 70003  Transaction ID: 11a83140-8f9c-4f27-8 Date of Disbursement or Obligation  Mame of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures		Molling Address	
METAIRIE    LA   70003   Transaction ID : f1a83f40-8f9c-4f27-8 Date of Disbursement or Obligation		ivialing Address 6101 NORA ST	Amount
Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Date of Disbursement or Obligation  Office Sought:  House District: 00 President X Senate State: LA  Disbursement For: Primary X General  Other (specify)   72.30  Total Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		City State Zip Code	
Purpose of Expenditure Salary    Category/ Type   O01			Transaction ID : f1a83f40-8f9c-4f27-8 Date of Disbursement or Obligation
Ms. Mary L Landrieu    Calendar Year-To-Date   President   Senate   State: LA		Salany Category/ 001	M M / D D / Y Y Y Y
Ms. Mary L Landrieu    Calendar Year-To-Date   President   Senate   State: LA		Name of Federal Candidate Support Office	Sought: House District: _ 00
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures			
(a) SUBTOTAL of Itemized Independent Expenditures		Calendar Year-To-Date Disbu	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  M. M. M. M. J. D. D. J. Y.		(a) SUBTOTAL of Itemized Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  MMMM  Date  11  25	(	(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    Man Man / Date   11   25   2014		(c) TOTAL Independent Expenditures	
[Electronically Filed] Date 11 25 2014	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
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		Bato	

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Schedule E)	VI EXI END	ITOTILO		PAGE 31 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee ERIC TABARY			Date of Pub	olic Distribution/Dissemination
Mailing Address 6101 NORA ST			Amount	24 2014
City METAIRIE	State LA	Zip Code 70003		2.70 n ID : 256793c6-33cf-40f6-8 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M M 11	24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	3	803915.40	Disbursement For: 2014 Other (s	Primary ⊠ General
Full Name of Payee  Jeanne Tribou				olic Distribution/Dissemination
Mailing Address			11	24 2014
22369 Ponderosa Dr.			Amount	
City	State	Zip Code		40.00
Mandeville	LA	70471		ID: eac82a79-f34c-4f40-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7-1-7	303915.40	Disbursement For: 2014 Other (	Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			42.70
#X				7 1 7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		· •	7 7
(c) TOTAL Independent Expenditures			<b>•</b>	7 1 7 1 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 25	
<del></del>				

Schedule E)	NI EXPEND	ITOTILO		PAGE 32 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Jeanne Tribou			Date of Public	Distribution/Dissemination
Mailing Address 22369 Ponderosa Dr.			11	24 2014
			Amount	
City	State	Zip Code		9.30
Mandeville	LA	70471		ID: 8273f72c-5d23-42eb-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	303915.40	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Cathy Longtin			11	24 2014
Mailing Address 827 Navavre Ave			Amount	
City	State	Zip Code		80.00
New Orleans	LA	70124		D: b0b4d9cc-8df4-46b9-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 11	24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	303915.40	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			89.30
				7 - 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· <b>•</b>	
(c) TOTAL Independent Expenditures			•	1 7 1 2
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 25	2014
<del>-</del>				

Schedule E)	PAGE 33 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends	report filed on/ D_D / YYYYYY
Full Name of Payee	Date of Public Distribution/Dissemination
Cathy Longtin	11 24 Y 2014
Mailing Address 827 Navavre Ave	Amount
City State Zip Code	9.90
New Orleans LA 70124	Transaction ID: 642b6e41-3613-499d-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type	002 M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
Ms. Mary L Landrieu Oppos	
Calendar Year-To-Date Per Election for Office Sought 303915.40	Disbursement For:  Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Theresa a Youngblood	11 24 2014
Mailing Address 102 S Main Street Apt A2	Amount
City State Zip Code	65.00
Berryville VA 22611	Transaction ID: 2b3ee75d-442f-4cb8-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	001 11 24 2014
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
Ms. Mary L Landrieu	Se President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 303915.40	Disbursement For:  Primary  General 2014  Other (specify) ▶
(a) CURTOTAL of Harrison Indonesia Companyity	7100
(a) SUBTOTAL of Itemized Independent Expenditures	74.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······· >
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Signature	Date 11 / 25 / 2014

Schedule E)	LIVI LXI LIVL	TOTILO		PAGE 34 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Francesca Blom			M = M	iblic Distribution/Dissemination
Mailing Address 101 Asbury Ct			Amount	24 2014
City	State	Zip Code		92.50
Winchester	VA	22602		on ID: 44cc280c-ac98-4f15-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-,,	303915.40	Disbursement For 2014 Other	r:
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
Evelyn Lesaicherre			M - M	/ D D / Y Y Y Y Y Y Y 2014
Mailing Address 629 Radiance Ave				24 2014
			Amount	
City	State	Zip Code		80.00
Metairie	LA	70001		n ID: 5b749f2a-f90e-465d-8 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		303915.40	Disbursement For 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		▶	172.50
(b) SUBTOTAL of Unitemized Independent Expe	enditures		·· •	7
(c) TOTAL Independent Expenditures			· ·	7
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any can party committee) any political party committee or	ndidate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date	e 11 2	
Signature				

Schedu	le E)	1 <b>L</b> /(1 <b>L</b> /(2)	1101120		PAGE 35 OF 43 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	en Speak Out PAC				C C00530766
Check if	24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	lame of Payee Plyn Lesaicherre				of Public Distribution/Dissemination
Mailin	g Address 629 Radiance Ave			Amou	11 24 2014 nt
City		State	Zip Code		5.40
Metai	irie	LA	70001		action ID : 5aa0ea81-ced0-4854-a of Disbursement or Obligation
Purpo Milea	se of Expenditure ge		Category/ Type 002		11 24 2014
Name	of Federal Candidate		Support	Office Sough	t: House District:00
Ms. M	/lary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	3	303915.40	Disbursement 2014 Or	t For: Primary X General ther (specify) ▶
	lame of Payee I Brent				of Public Distribution/Dissemination
Mailin	g Address 6718 Lake Willow Dr			Amou	11 24 2014 nt
City		State	Zip Code		80.00
	Orleans	LA	70126		ction ID : 278b8fa4-dfdb-4ab4-a of Disbursement or Obligation
Purpo Salar	ose of Expenditure ry		Category/ Type 001		11 24 2014
Name	e of Federal Candidate		Support	Office Sough	t: House District:00
Ms. N	Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, ,	303915.40	Disbursemen 2014 O	t For:
(a) SU	BTOTAL of Itemized Independent Expenditure	əs			85.40
(b) SU	BTOTAL of Unitemized Independent Expendit	tures		•	
(c) TO	TAL Independent Expenditures			· •	7
with, or	penalty of perjury I certify that the independer at the request or suggestion of, any candida ommittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	cically Filed] Date	M M /	25 2014
Sigr	nature				

Sc	chedule E)	LAFLIND	TOTILS		PAGE 36 OF 43 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC				C C00530766
Ch	eck if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y = Y
	Full Name of Payee			Date	of Public Distribution/Dissemination
	Carl Brent				11 24 Y 2014
	Mailing Address 6718 Lake Willow Dr			Amo	unt
	City	State	Zip Code	$-\Gamma$	14.40
	New Orleans	LA	70126		saction ID : 4aac07bc-2ef7-4823-a of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	] [	11 24 7 2014
	Name of Federal Candidate		Support	Office Soug	ht: House District: 00
	Ms. Mary L Landrieu		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	3	03915.40	Disburseme	nt For:
	Full Name of Payee			Date	of Public Distribution/Dissemination
	Joshua J Huffman			[	11 / 24 / 2014
	Mailing Address 211 Dixie Ave			Amo	unt
	City	State	Zip Code	$ \Gamma$	60.00
	Harrisonburg	VA	22801		action ID: 16b2cf89-09f7-4a48-b of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office Soug	ht: House District: 00
	Ms. Mary L Landrieu		X Oppose	Presi	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	303915.40	Disburseme 2014	ent For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	s		•	74.40
	(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		·· •	4 4 4
	(c) TOTAL Independent Expenditures			·· • [	171171121
	Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	e 11	25 / 2014

Schedule E)		VI E/XI E.X.	1101120		PAGE 37 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In					FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC					C C00530766
Check if 24-hour repor	t 48-hour report	New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name of Payee Christine Stever	ns				of Public Distribution/Dissemination
Mailing Address 100 As	sbury Ct			Amou	11 24 2014 nt
City		State	Zip Code	-	70.00
Winchester		VA	22602		action ID: 0722208b-5017-4391-a of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 001		11 24 7 2014
Name of Federal Candi	date		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu			Oppose	Preside	ent Senate State: LA
Calendar Year-To-D Per Election for Of	****	3	303915.40	Disbursemen 2014 O	t For:  Primary
Full Name of Payee  Jazmine d Conne	er				of Public Distribution/Dissemination
Mailing Address 100	ASBURY CT			Amou	11 24 2014 nt
City		State	Zip Code		70.00
WINCHESTER		VA	22602		oction ID: a89fd75b-100e-40bf-a of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 001	N	11 24 / 2014
Name of Federal Candi	date		Support	Office Sough	it: House District:00
Ms. Mary L Landrieu			Oppose	Preside	
Calendar Year-To-D Per Election for Of		, ,	303915.40	Disbursemen 2014	t For:  Primary
(a) SUBTOTAL of Itemiz	ed Independent Expenditu	res		. •	140.00
(b) SUBTOTAL of Uniter	mized Independent Expend	litures		·· •	
(c) TOTAL Independent	Expenditures			· · ·	7
with, or at the request or		late or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily Bu	achanan	[Electron	nically Filed] Date	e 11	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature					

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on M	= M	/ D = D /	Y I Y I Y I Y
П	Full Name of Payee	Date of	of Pub	olic Distribution/	Dissemination
	Jon E Conner	М	11 <sup>M</sup>	/ D D /	2014
	Mailing Address 100 Asbury Ct	Amou	nt		
	City State Zip Code	Г.			70.00
	Winchester VA 22602			n <b>ID</b> : <b>548197c4</b> bursement or C	-325d-4623-b
	Purpose of Expenditure Salary  Category/ Type 001		11 <sup>M</sup>	24	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Mary L Landrieu	Preside		Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursemen		Primary specify) ▶	X General
١	Full Name of Payee			olic Distribution/	Discomination
	Rodney O Culbreath	Date	11	/ DISTRIBUTION/	2014
	Mailing Address 100 Asbury Ct	Amou			
1	City State Zip Code				70.00
	Winchester VA 22602			ID: b191ac49- bursement or 0	d2ac-4a76-b
	Purpose of Expenditure Salary  Category/ Type  001		11 <sup>M</sup>	24	2014
1	Name of Federal Candidate Support Office	e Sough	t:	House	District: 00
	Ms. Mary L Landrieu Oppose	Preside	ent	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014			Primary specify) ▶	General
	(a) SUBTOTAL of Itemized Independent Expenditures				140.00
	(b) SUBTOTAL of Unitemized Independent Expenditures			7	
	(c) TOTAL Independent Expenditures			77-	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	25		4
	Signature				

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OF

oblicatio Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Rodney D Culbreth	11 24 2014
Mailing Address 100 Asbury CT  3200 Dam Neck Rd	nount
City State Zip Code	70.00
Winchester VA 22602 Tra	ansaction ID : 7f050760-a2b5-4ec4-a ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	11 24 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms Mary I Landrieu	esident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	ment For:
Full Name of Payee Page Rze Culbreath	ate of Public Distribution/Dissemination
Mailing Address 100 Asbury Ct	11 24 2014 mount
City State Zin Code	70.00
	Insaction ID : cca6c496-3a2e-4c30-9
Purpose of Expenditure Salary  Category/ Type  001	ate of Disbursement or Obligation  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District: 00
	esident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	25 2014
Signature	

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OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if $X$ 24-hour report 48-hour report New report	Amends report filed on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Brieshauna M Stevens	11 24 2014
Mailing Address 1703 Torrey Pines Ct	Amount
City State Zip C	Code 60.00
Reston VA 2019	
Purpose of Expenditure Salary Cate	egory/ Type 001 11 24 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 303915	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Laura U Logie	11 24 2014
Mailing Address 2565 Shire Circle	Amount
City State Zip C	Code 30.00
Harrisonburg VA 2280	
Purpose of Expenditure Salary Cate	egory/ Type 001 11 24 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 303	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	<b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized commarty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically F	Filed] Date 11 25 2014
Signature	3

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OF

Schedu	le E)	1 <b>-</b> /// <b>-</b> //-	101120		PAGE 41 OF 43 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC					C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on					
	ame of Payee en Celestine				of Public Distribution/Dissemination
Mailin	g Address 38346 Quinn Rd			Amou	11 24 2014 nt
City		State	Zip Code		20.00
	River	LA	70452		caction ID : e2e3c418-550e-41ce-9 of Disbursement or Obligation
Purpo Salar	se of Expenditure y		Category/ Type 001		11 24 7 2014
Name	of Federal Candidate		Support	Office Sough	nt: House District:00
Ms. N	Mary L Landrieu		X Oppose	Preside	ent State: LA
	Calendar Year-To-Date Per Election for Office Sought	3	303915.40	Disbursemen 2014 O	other (specify) ▶
	lame of Payee en Celestine				of Public Distribution/Dissemination
Mailin	g Address 38346 Quinn Rd			Amou	11 24 2014
City		State	Zip Code	— I.	4.50
Pear	l River	LA	70452	Transa Date	action ID : a8b98bf7-5bcb-4cc1-9 of Disbursement or Obligation
Purpo Milea	ose of Expenditure age		Category/ Type 002		11 24 2014
Name	e of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. N	Mary L Landrieu		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	, ,	303915.40	Disbursemer 2014	nt For:
(a) SU	BTOTAL of Itemized Independent Expenditure	∋s		•	24.50
(b) SU	BTOTAL of Unitemized Independent Expendit	tures		· •	
(c) TO	TAL Independent Expenditures			· ·	7.1.7.1.2.
with, or	penalty of perjury I certify that the independer at the request or suggestion of, any candida ommittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 11 /	25 2014
Sigr	nature				

Schedule E)	IDENT EX ENS.	1101120		PAGE 42 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC	С	C00530766		
Check if 24-hour report 48-hour rep	ort New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Amanda Boley				blic Distribution/Dissemination
Mailing Address Split Oak Drive			11	24 / 2014
<u> </u>			Amount	
City	State	Zip Code		85.00
charlotte	NC	28227		n ID: 538ecdfd-137e-4047-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M M	24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		303915.40	Disbursement For:	: Primary X General
Full Name of Payee				blic Distribution/Dissemination
Amanda Boley			M = M	/ D D / Y Y Y Y
Mailing Address Split Oak Drive			11	24 2014
Opiil Oak Diivo			Amount	
City	State	Zip Code		19.23
charlotte	NC	28227	Transaction Date of Dis	n ID: 3a450105-d28a-4e04-b sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		303915.40	Disbursement For 2014 Other	: Primary
(a) SUBTOTAL of Itemized Independent Exp	enditures		<b>•</b>	104.23
(b) SUBTOTAL of Unitemized Independent E	Expenditures		· <b>&gt;</b>	7 1 7 1 7
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date	11 25	
Signature				

Schedule E)	PAGE 43 OF 43 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Caleb Craig	Date of Public Distribution/Dissemination
Mailing Address 1410 Bushville drive	11 04 2014 Amount
r	
	120.00  Transaction ID: 58342912-611f-4c2c-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	11 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sc	ought: House District: 00
Me Kay Hagan	resident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For: Primary ⊠ General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	
	City of Dishuraness as Obligation
Purpose of Expenditure  Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate  Support Office S Oppose	
	ement For: Primary General
Tot Elocation to Simon Sought	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	3843.99
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, o party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	/ 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	